Risen King Community Church
2017 High School Mexicali Missions Trip Application

Answer all questions to the best of your ability.
Please print clearly.

Location, dates and cost of trip:
To: Mexicali, Mexico
Departure: March 26, 2016 from Risen King Community Church
Return: April 3, 2016 to Risen King Community Church
Cost: $450.00 ($500.00 after January 1, 2016)
Deposit of $100.00 due by Dec. 31, 2015

Student Information: Date Submitted_____

Name (as it will appear on passport):_____

Address:_____
_____

Home Phone: (____) ____-_____ Cell Phone: (____) ____-_____
Parent or Guardian Work Phone: (____) ____-_____

Email: _____

Date of birth: ___/___/_____ (Parental permission required for minors)

Gender: Male / Female

Grade:_____

Student at:_____

What is your home church if not Risen King?_____
_____

Best Way to Contact You: (if someone's other than your own please indicate who)

Your phone number for texting: _____

Your email: _____

Other form of Social Media you prefer: _____

Name or #tag on your other media account: _____

Most communications will be through the Youth Department Messenger account.

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Student Skills, Desire and Call:

What special gifts do you bring to this trip, which might be valuable to completing the mission of the trip?

a. Language skills (please be specific the language and level of fluency)

b. Construction skills

c. Music/Singing gift

d. Teaching gifts with children

e. Other (please share your gifts)

Relative to this short-term mission trip:

a. Please talk about your reasons for wanting to go on this trip.

b. How do you hope to impact lives on this trip?

c. What are you hoping God will do in your life on this trip?

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Medical Information:

Parent's or Legal Guardian:
Medical Insurance Co: _____
Policy #: _____

Allergies:
_____
_____

Medical Conditions:
_____
_____

Current Medication:
_____
_____

Special Medical Instructions:
_____
_____

Special Dietary Needs:
_____
_____

Emergency Contact #1:
Name:_____ Relationship:_____
Address:_____
_____
Home Phone: (____) ____-_____ Cell Phone: (____) ____-_____
Work Phone: (____) ____-_____ Email: _____

Emergency Contact #2:
Name:_____ Relationship:_____
Address:_____
_____
Home Phone: (____) ____-_____ Cell Phone: (____) ____-_____
Work Phone: (____) ____-_____ Email: _____

Other medical notes:_____

_____

_____

Required for minors:
I/We hereby give my child permission to go on the Risen King High School Short Term MissionsTrip to Mexicali, Mexico.

I/We, who by law may do so, authorize the administration of medical treatment to he/she who is subject to this form. I/We understand all reasonable safety precautions will be taken. I/We do not hold Risen King Community Church or its agents liable for any accident, injury or disease by the subject of this form. I/We understand that in the event medical intervention is needed every attempt will be made to contact the appropriate parent or legal guardian immediately.

_____

Parent/Legal Guardian Signature Date

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Insurance Stipulations: To be filled out by parents or guardian:

I/We have read and understand the following medical, accident and vehicle insurance stipulations for participating in the Risen King Community Church High School Mexico Missions Trip:

1. Medical Insurance: In the event of a medical need or emergency requiring treatment the persons family insurance will be the primary insurance provider.
_____(initial)
2. Vehicle accidents and injuries will be covered by the vehicle's driver's insurance coverage. Driver will provide proof of insurance before the trip's beginning.
_____ (initial)
3. All vehicle or trailers will purchase appropriate Mexico Auto Accident and Liability Insurance before entering Mexico. Vehicle accidents and injuries will be the responsibility of the driver of involved vehicle and their auto insurance (USA and/or Mexico).
_____ (initial)
4. The individuals health or auto insurances will function as primary insurance for all incidents. The Risen King Community Church's insurance coverage will function as secondary insurance only.
_____ (initial)

_____

Parent #1 or Legal guardian Date

_____

Parent #2 or Additional legal guardian Date

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Document Affirmation:

The foregoing information is true and accurate to the best of my knowledge and understanding.

_____

Signature Date

_____

Parent/Legal Guardian Signature Date

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Reviewed and Accepted:

Date Application Turned In:

By:_____

Date Approved:_____

For further Information:
Risen King Community Church
6100 Oasis Rd
Redding, CA. 96003
530-244-2300
risenking.org

Jason Hanson, Youth Pastor
jason@risenking.org
530-440-1880

John Wiseman, Missions Pastor & Trip Coordinator
jwiseman@risenking.org
530-941-7771

Lennox Humphrey, Youth Advisor and Support Funds Tracker
docnoxhumphrey@netscape.net
530-351-2170